

**ROBINSON BROG LEINWAND GREENE  
GENOVESE & GLUCK P.C.**

875 Third Avenue

New York, New York 10022

A. Mitchell Greene

Steven B. Eichel

*Proposed Attorneys for the Debtor and Debtor in  
Possession*

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X

In re:

Chapter 11

**ARTISANAL 2015, LLC,**

Case No: 17-12319-jlg

Debtor.

-----X

**DECLARATION OF SARID DRORY IN SUPPORT OF DEBTOR'S RESPONSE  
TO MOTION OF 387 PARK SOUTH L.L.C. FOR DISMISSAL OF THE  
BANKRUPTCY CASE WITH A PROHIBITION ON RE-FILING AND FOR A  
DECLARATION THAT THE AUTOMATIC STAY DOES NOT PREVENT  
ACTS TO RECOVER POSSESSION OF THE PREMISES OCCUPIED BY THE  
DEBTOR; OR ALTERNATIVELY FOR (A) RELIEF FROM THE  
AUTOMATIC STAY, (B) THE APPOINTMENT OF A CHAPTER 11 TRUSTEE,  
OR (C) CONVERSION OF THE CASE TO CHAPTER 7**

SARID DRORY, does hereby affirm the following under penalties of perjury:

1. I am the Managing Member of Artisanal 2015, LLC (the "Debtor").
2. I am submit this declaration ("Declaration") in support of Debtor's Response to Motion of 387 Park South L.L.C. for Dismissal of the Bankruptcy Case with a Prohibition on Re-Filing and for a Declaration that the Automatic Stay Does Not Prevent Acts to Recover Possession of the Premises Occupied by the Debtor; or Alternatively for (A) Relief from the Automatic Stay, (B) the Appointment of a Chapter 11 Trustee, of (C) Conversion of the Case to Chapter 7 (the "Response").

3. Except as otherwise set forth herein, the facts set forth in this Declaration are based on my personal knowledge, my review of the relevant documents, information provided to me by Stephanie Schulman, a member of the Debtor, or my opinions based upon experience and knowledge with the Debtor's business.

4. I have reviewed the Debtor's Response and hereby verify that the factual allegations set forth in paragraphs 9, 10, 12, 13, 18, 20, 23, 25, 26, 28, and 33 are true and correct to the best of my knowledge, information and belief. If I were called upon to testify, I could and would testify competently to the matters stated therein.

5. A copy of the email from me to Steve Gonzalez, dated August 9, 2016 is attached hereto as Exhibit A.

6. A copy of the Order to Show Cause entered in the matter styled *Artisanal 2015, LLC v. 387 Park South L.L.C.*, Index No. 650103/17 in the Supreme Court of the State of New York, County of New York, on January 6, 2017 is attached hereto as Exhibit B.

7. A copy of a certified check from Bank of America, dated March 9, 2017, is attached hereto as Exhibit C.

8. A copy of the email from me to Clare Adams and Michael Garcia, dated June 5, 2017, with Certificates of Liability Insurance are attached hereto as Exhibit D.

9. A copy of Certificates of Liability Insurance are attached hereto as Exhibit E.

10. A copy of the Workers Compensation and Employer Liability Certificates of Liability Insurance are attached hereto as Exhibit F.

11. A copy of Certificate of Property Insurance is attached hereto as Exhibit G.

12. A copy of the Affidavit of Neil A. Owens is attached hereto as Exhibit H.

13. A copy of Debtor's general contractor's Certificate of Liability Insurance is

hereto as Exhibit I.

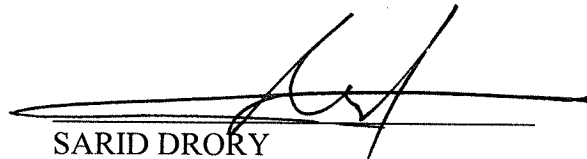
14. A copy of the letter from Massimo F. D'Angelo to Gadi Ben Hamo, dated June 29, 2017 is attached hereto as Exhibit J.

15. A copy of the demand letter from Stephanie Schulman, Esq. to Mr. Gadi Ben Hamo, dated July 20, 2017 (with account information redacted) is attached hereto as Exhibit K.

16. A copy of the Summons and Complaint in the matter styled Stephanie F. Schulman v. Palisades Dealer Funding LLC, filed in Supreme Court of the State of New York, County of Queens is attached hereto as Exhibit L.

I declare under penalty of perjury that the foregoing, and in accordance with 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed on September 28, 2017

  
SARID DRORY

# EXHIBIT A

## Steven Eichel

---

**From:** Sarid Drory <nyc17sam@gmail.com>  
**Sent:** Thursday, September 28, 2017 11:31 AM  
**To:** Steven Eichel  
**Subject:** Fwd: 387 PAS  
**Attachments:** 387 doorman accepting chk \$5k 8.9.16 basement deposit.pdf

----- Forwarded message -----

From: **Sarid Drory** <nyc17sam@gmail.com>  
Date: Tue, Aug 9, 2016 at 10:26 PM  
Subject: 387 PAS  
To: Steve Gonzalez <Steve.Gonzalez@tfcornerstone.com>  
Cc: Michael Garcia <Michael.Garcia@tfcornerstone.com>, Nathan Logan <nlogan@mlrestaurant.com>, Richard Frazer <rfrazer@pryorcashman.com>, Jeffrey Goldman <JGoldman@bbwg.com>, Stephanie Schulman <sfs226@yahoo.com>, Shimon Pariente <shimonpariente@gmail.com>

Dear Mr Gonzalez,

1. You asked for a meeting on Tuesday at 2pm with you. i'm sorry to notify you i'm not a friend with your manager. me and Stephanie came on time TO MEET YOU IN PERSON and she left after half hour. we confirmed everything with your doorman. i believe you were busy and its fine its ok with us. nothing happened.
2. **Last week you called me and you asked me very weird request..to give up on my lease..and many other things in this style. about this question, or about this subject..there's nothing to talk about!!!!** if the bank wants my space and i mean MY space, tell them to contact me.
3. From this moment, i only want to have contact with you **specifically** i don't want to deal with your manager for anything. Stephanie finish spending time on her level with small inconsequential things. **She is current with her lease and doesn't have any problems. the only ones with problems is you guys. don't forget she is a real estate lawyer. Her time very expensive.** At her level, I cannot interrupt her anymore. Because it is just wasting her valuable time. She is in a very high position and her time costs so much money, you can't even imagine. I'm not trying to tease you, I am just telling you the truth!!!
4. The truth is you trust your building manager, that stopped my work in the last 4 months, that i believe is not him...**Mike is a good guy.** I believe your system is very slow. To give sign offs, and signed permits **in 8-12 weeks**..its very strange. Usually in the city, it should take 1 wk to 10 days top. Give me some slack. i build buildings and over 20 restaurants in the city. i know the authority inside and out and i know all the key members of every dept. i know all the rules that goes on.
5. I was very surprised from your phone call, that was **based mostly on gossip on the street.** We are very successful and have a lot of competition. People offer me everyday, stranger offer, but i refuse all of them.
6. We have a couple issues with our contractor, because we changed a couple plans inside the premises...nothing to do with you or your approval. its my call, my design, my restaurant..nothing to do with you or your building.

7. **You have already put me under magnificent delays, just to authorize permits taking 8-13 wks. even a permit to approve insurance that should take 24 hrs, takes you guys 3 wks. with all due respect everything is on record. its very simple. but this is not the issue.**
8. Nathan **contacted** your building manager last friday and prepared him and kindly asking him to finish the exhaust fan, and to sign off. **He start putting me a condition and punishment,, and this punishment cost me tons of money. its against the lease period. I don't have any problem with you, but any damage from this moment will be calculated in the end. I want you to remember what i'm telling you right now. I am going by the lease, and your manager breaching the lease a million times already!!!**
9. If tomorrow morning, I don't get any kind of signature for the exhaust fan, and whatever regarding Cobra, that your magnificent manager stopping us since last Friday to work **honestly**, for no reason. **anyway you're going to pay for all these delays. i am not worried about it. but its not supposed to be like that. my landlord and I should keep a good relationship, and your manager avoid it!!!**
10. your building mgr bring you gossip from the street and you're stopping my job, the way you want it. and the damage isn't about stopping the work, its about a huge transaction for a **\$50MM** entity. **i hope you realize that!**
11. **Aerial, the construction company, their insurance for all her job expired because of 1 year completion so she had to renew it for all her businesses and tomorrow you're going to get our renewal as well, because she just started a new insurance. so your building mgr doesn't need to make all this drama. its nyc. he needs to verify everything before making false statements.** it happens to every normal business. so if the permits stopped for us, it means she had to stop for all her other 7 jobs she has. **it has nothing to do with us.**
12. **i signed with you something against my will**, regarding the basement. i give you my signature and i gave you money. **i don't know where is the problem!!!**
13. I assumed you were going to meet me and Stephanie today, so I brought a \$5K check as I spoke face to face with Michael Garcia, do you want to hear this conversation too?? and this was for your construction in your basement, that also delayed our project, because your building mgr took his time doing whatever he wants. not only that, you took 1200 sq ft from me...and I've stayed quiet and swallowed it. i just want to try create a good and strong relationship **with the landlord**, and to pass over this hump. so because you didn't meet with us today, I left you \$5K with the doorman. I've attached the signature of the doorman, so now u have no more excuses to give me this room empty starting tomorrow morning, after i gave you deposit and for the construction. if its right or wrong, its not a time to question that. i just want our projection to move quickly and **without any more delays.**
14. At this point i don't see any reason to meet with you. I'm just going to explain to u right now, as well as everyone CC'd on this email whats going on.
15. Our projection is going on very well, we order overseas over \$3.8MM customized bar, chairs, booths, floors, lights, plates, silverware, and many other items, that **i don't want to share or expose with anyone, because its fully confidential for the grand opening.**
16. the new permits by **Aerial** will be on the door tomorrow because we are waiting along with all her other projects, so no reason for the drama your manager creating around you. and we keep working at full capacity.
17. regarding the 11th fl electrician and telecom issues...our offer is \$5800 that my contractor wants to do it. and as usual your Michael Garcia asking \$20K, i don't want to get ripped off by him. so you tell me by tomorrow, and not later than tomorrow, if you want to do it, or u want us to do it this weekend. and stop wasting my time anymore. i don't need to do meetings with you guys for no reason!!! from tomorrow i'm expecting the room of the walk in fridge be empty, after you've gotten your contract, down pmt, and the money to build the room of \$5K. i wanted to hand it to you today, but you didn't show up so i left it with the doorman. i don't have any problem with it, cuz i understand your busy. its really ok, i brought u a starbucks coffee, and a cheese platter..you lose not me. its a new cheese from south of france...so your loss not mine lol. if you want me to build the room, i don't have any problem, i'm going to save you money. i'm very good at that. so its about, what you want to do. just give me **simple answer.**

18. Steve, do me a big favor, make sure everything is signed by tomorrow to Cobra, in the morning and don't delay. My projection, because your manager feeling this is Manhattan NY. Dear Mr Gonzalez, you need to remember what im telling you right now, my contractor never going to answer or speak with your michael garcia manager.

A. Michael Garcia, the gentleman, calling her 10x a day and wasting her time. I sat with her today 3 hrs, and with all due respect, I hired a project manager Nathan Logan and he is the boss! your michael garcia can only talk with him, cuz she wont talk to him. hes wasting her time, and its a done deal, don't know why hes behaving like that, but tell him to only communicate with Nathan(the project mgr that cost me a lot of money and he answers 24/7) or he can call Sarid Drory, anytime til midnight. I will help him with everything he needs. I instructed her not to answer him whatsoever, cuz your wasting her time, and hes intimidating her.

19. Dear Steve, its very simple, anything you need from me, you just need to text, call or email me. i'm in the field 24/7 and i am the owner and its my projection. whatever you've asked you've gotten! sign the permit for the exhaust fan, clean the room for the walk in. by friday you'll have 2 applications. 1 for the sidewalk cafe(that has nothing to do with you), so tell michael to sign it cuz we need to file it. the liquor license we already filed to transfer to your location. so if you have something you need from me, call me. i have 2 lines...9174883483 or 2122674483, or my personal assistant 6468648512, so you have 3 lines to reach me.

--

Best  
Mr Drory

--

Best  
Sarid

# EXHIBIT B



Ex Parte Application? Yes ☒ No ☐  
 Notice Provided? ☒ Yes ☐ No

At IAS Part \_\_\_\_ of the Supreme Court of the State of New York, held in and for the County of New York, at the Courthouse located at 60 Centre Street, New York, NY, on January \_\_\_\_, 2017.

PRESENT:

**SHIRLEY WERNER KORNREICH**  
J.S.C.

Justice

ARTISANAL 2015, LLC,

Plaintiff,

**ORDER TO SHOW CAUSE**

-- against --

387 PARK SOUTH L.L.C.,

Index No. 650103/17

Defendant.

MOTIONSEQUENCE # 001

UPON reading and filing the accompanying summons with notice dated January 6, 2017, request for judicial intervention dated January 6, 2017, emergency affirmation of Hal N. Beerman dated January 6, 2017, the annexed affidavit of Sarid Drory sworn to January 6, 2017, and affirmation of Hal N. Beerman dated January 6, 2017, the exhibits annexed thereto, the accompanying memorandum of law dated January 6, 2017, and all of the pleadings, papers and proceedings heretofore had herein,

LET defendant show cause, at IAS Part 54, located in Room 228, in the Courthouse located at 60 Centre Street, New York, NY, on January 8, 2017, at 10 a.m.p.m., why an order should not be made and entered: (a) granting plaintiff a *Yellowstone* injunction tolling the expiration of the cure period set forth in defendant's Notice to Cure dated December 21, 2016, and enjoining and restraining defendant, its agents, representatives, attorneys, officers, affiliates, members, managers, directors, shareholders, employees, direct and indirect partners, heirs, executors, administrators, successors and assigns and each of them from taking any action to

terminate the lease between the parties pending a final determination herein of the parties' rights and obligations thereunder; and (b) granting plaintiff such other and further relief as the Court deems just and proper.

AND sufficient cause having been <sup>alleged</sup> ~~shown~~, it is hereby

**ORDERED** that, pending the hearing and ~~determination~~ <sup>Order to Show Cause</sup> of this ~~motion~~, the expiration of the cure period set forth in defendant's Notice to Cure dated December 21, 2016, is stayed and tolled and defendant, its agents, representatives, attorneys, officers, affiliates, members, managers, directors, shareholders, employees, direct and indirect partners, heirs, executors, administrators, successors and assigns and each of them are enjoined and restrained from taking any action to terminate the lease between the parties; and it is further

**ORDERED** that service of a copy of this order and the papers upon which it is granted upon defendant's attorneys (Newman Ferrara LLP, 1250 Broadway, 27<sup>th</sup> Floor, New York, NY 10001, attn: Lucas Ferrara, Esq.) by overnight delivery transmitted on or before January \_\_, 2017, shall be deemed good and sufficient; and it is further

**ORDERED** that answering papers, if any, are to be ~~served so as to be received by~~ <sup>efiled</sup> plaintiff's undersigned attorneys on or before January 27, 2017.

ENTER:

J.S.C.

GREENBERG TRAURIG, LLP  
Attorneys for Plaintiff  
200 Park Avenue  
New York, New York 10166  
(212) 801-9200

By:

Hal N. Beerman, Esq.

SHIRLEY WERNER KORNREICH  
J.S.C.

ORAL ARGUMENT  
DIRECTED

# EXHIBIT C

EXHIBIT H

Security against KENNEDY  
Med Lien

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - Customer Copy

No. 1573224162

Void After 90 Days 30-1/1140 NTX

Date 03/09/17 03:01:03 PM

PARK AVENUE SOUTH  
0009 0010053 0105

Pay

 **BANK OF AMERICA** ONE ZERO FOUR ONE FIVE TWO EIGHT

**\*\*\$104,152.08\*\***

\*\*One Hundred Four Thousand One Hundred Fifty Two and 08/100 Dollars\*\*

To The T.F. CORNERSTONE

Order Of RE: SECURITY AGAINST MECHANICAL LIEN

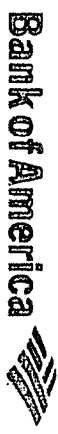
Not-Negotiable

Remitter (Purchased By): TWO THOUSAND FIFTEEN ARTISANAL LLC

Customer Copy  
Retain for your Records

001641004977

Bank of America, N.A.  
SAN ANTONIO, TX



Cashier's Check

No. 1573224162

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140 NTX

Date 03/09/17 03:01:03 PM

PARK AVENUE SOUTH

0009 0010053 0105

 **BANK OF AMERICA** ONE ZERO FOUR ONE FIVE TWO EIGHT

**\*\*\$104,152.08\*\***

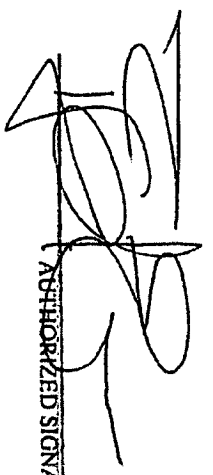
\*\*One Hundred Four Thousand One Hundred Fifty Two and 08/100 Dollars\*\*

To The T.F. CORNERSTONE

Order Of RE: SECURITY AGAINST MECHANICAL LIEN

Remitter (Purchased By): TWO THOUSAND FIFTEEN ARTISANAL LLC

Bank of America, N.A.  
SAN ANTONIO, TX



AUTHORIZED SIGNATURE

COPIES CAPTURED - AUTHORIZED ONLY

00-53-3364B 11-2010

00-53-3364B 11-2010

1573224162 001641004977

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

# EXHIBIT D

**Steven Eichel**

---

**From:** Sarid Drory <nyc17sam@gmail.com>  
**Sent:** Tuesday, September 26, 2017 5:33 PM  
**To:** Steven Eichel  
**Subject:** Fwd: insurance certificates  
**Attachments:** 20170602144245031.pdf; 20170602164435653.pdf

Best,  
Sarid

Begin forwarded message:

**From:** Sarid Drory <[nyc17sam@gmail.com](mailto:nyc17sam@gmail.com)>  
**Date:** June 5, 2017 at 5:12:23 PM EDT  
**To:** Clare Adams <[Clare.Adams@tfcornerstone.com](mailto:Clare.Adams@tfcornerstone.com)>, Michael Garcia  
<[Michael.Garcia@tfcornerstone.com](mailto:Michael.Garcia@tfcornerstone.com)>  
**Subject:** insurance certificates

Dear Clare and Michael

You asked for our insurance, so we are attaching the insurance for backdate and future insurance. please be advised. thank you so much

--  
Best  
Sarid



# CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8

OP ID: JH

DATE (MM/DD/YYYY)

06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	<b>CONTACT NAME:</b> Elias B. Cohen & Associates	
	<b>PHONE (A/C, No, Ext):</b> 973-403-9500	<b>FAX (A/C, No):</b> 973-403-7755
<b>INSURED</b> Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Admiral Indemnity Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b>		
44318		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PER STATUTE OTH-ER
A	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$		21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.

**CERTIFICATE HOLDER**

387 Park South LLC c/o TF Cornerstone as Agent 387 Park Avenue South New York, NY 10016	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates

© 1988-2014 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8

OP ID: JH

DATE (MM/DD/YYYY)

06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	CONTACT NAME: <b>Elias B. Cohen &amp; Associates</b>		
	PHONE (A/C, No, Ext): <b>973-403-9500</b>	FAX (A/C, No): <b>973-403-7755</b>	
E-MAIL ADDRESS:			
ADDRESS:			
INSURED <b>Artisanal 2015, LLC</b> <b>387 Park Avenue South</b> <b>New York, NY 10016</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>United States Liability Ins.</b>		<b>25895</b>
	INSURER B : <b>Scottsdale Insurance Co.</b>		<b>41297</b>
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	CL1813669	06/01/2017	09/01/2017	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
						MED EXP (Any one person) \$ <b>5,000</b>
						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
						GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COMP/OP AGG \$ <b>Excluded</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	XBS0076679	06/01/2017	09/01/2017	EACH OCCURRENCE \$ <b>10,000,000</b>
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$ <b>10,000,000</b>
	<input type="checkbox"/> RETENTION \$ <b>10,000</b>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.

## CERTIFICATE HOLDER

## CANCELLATION

387 Park South LLC  
c/o TF Cornerstone as Agent  
387 Park Avenue South  
New York, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Elias B. Cohen & Associates

© 1988-2014 ACORD CORPORATION. All rights reserved.



# EXHIBIT E



# CERTIFICATE OF LIABILITY INSURANCE

RECEIVED NYSCEF: 06/14/2017

DATE (MM/DD/YYYY)

6/3/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> New Agency Partners, LLC 99 Cherry Hill Road Suite 200 Parsippany NJ 07054		<b>CONTACT NAME:</b> Stacey Everett <b>PHONE (A/C No. Ext):</b> (973) 588-1800 <b>FAX (A/C No.):</b> (973) 588-1801 <b>E-MAIL ADDRESS:</b> severett@newagencypartners.com	
<b>INSURED</b> Artisanal 2015, L.L.C. 2 Park Ave New York NY 10016		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Admiral Indemnity <b>NAIC #</b> 44318 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 387 Park Ave (15-16)

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			21-31508331-31	12/9/2015	12/9/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			21-31508331-31	12/9/2015	12/9/2016	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						Liability \$ 1,000,000
A	UMBRELLA LIAB			21-31508331-31	12/9/2015	12/9/2016	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						Personal & Advertising Injury \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			21-31508331-31	12/9/2015	12/9/2016	Limit \$1MM/\$1MM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Re: 387 Park Avenue South, New York, NY 10016

Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.

## CERTIFICATE HOLDER

## CANCELLATION

387 Park South L.L.C.  
 C/O TF Cornerstone as Agent  
 387 Park Avenue South  
 New York, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stacey Everett/SEE



ARTIS-8

OP ID: JH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	CONTACT NAME: <b>Elias B. Cohen &amp; Associates</b> PHONE (A/C, No. Ext): <b>973-403-9500</b> FAX (A/C, No): <b>973-403-7755</b> E-MAIL ADDRESS: <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: <b>Admiral Indemnity Company</b></td><td><b>44318</b></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Admiral Indemnity Company</b>	<b>44318</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Admiral Indemnity Company</b>	<b>44318</b>														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED <b>Artisanal 2015, LLC</b> <b>387 Park Avenue South</b> <b>New York, NY 10016</b>															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:  <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPROP AGG \$ <b>2,000,000</b> COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.

## CERTIFICATE HOLDER

## CANCELLATION

387 Park South LLC  
c/o TF Cornerstone as Agent  
387 Park Avenue South  
New York, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Elias B. Cohen & Associates

© 1988-2014 ACORD CORPORATION. All rights reserved.



ARTIS-8

OP ID: JH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
E.B. Cohen & A.A.A., LLC  
Elias B. Cohen & Associates  
101 Eisenhower Parkway  
Roseland, NJ 07068  
Elias B. Cohen & Associates

CONTACT NAME: Elias B. Cohen &amp; Associates

PHONE (A/C, No, Ext): 973-403-9500

FAX (A/C, No): 973-403-7755

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: United States Liability Ins.

25895

INSURER B: Scottsdale Insurance Co.

41297

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Artisanal 2015, LLC  
387 Park Avenue South  
New York, NY 10016

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CL1813669	06/01/2017	09/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		XBS0076679	06/01/2017	09/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.

## CERTIFICATE HOLDER

## CANCELLATION

387 Park South LLC  
c/o TF Cornerstone as Agent  
387 Park Avenue South  
New York, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Elias B. Cohen & Associates



# CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8

OP ID: SP

DATE (MM/DD/YYYY)

09/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	CONTACT NAME: <b>Elias B. Cohen &amp; Associates</b> PHONE (A/C, No, Ext): <b>973-403-9500</b> FAX (A/C, No): <b>973-403-7755</b> E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: <b>United States Liability Ins.</b> NAIC #: <b>25895</b> INSURER B: <b>Scottsdale Insurance Co.</b> <b>41297</b> INSURER C: <b>AmTrust Ins. Co. of Kansas</b> <b>15954</b> INSURER D: INSURER E: INSURER F:
INSURED <b>Artisanal 2015, LLC</b> <b>c/o Sarid Drory</b> <b>387 Park Avenue S, 5th Floor</b> <b>New York, NY 10016</b>	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CL 1813669A	09/01/2017	12/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XBS0076679	06/01/2017	12/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			KWC1096701	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Section			CF 1559504A	09/12/2017	12/12/2017	B/EE 150,000 BPP 125,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Office of the  
United States Trustee  
201 Varick Street  
New York, NY 10014

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

# EXHIBIT F



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
06/08/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Gloron Agency, Inc. 120 Broadway, 37th Floor New York, NY 10271		<b>CONTACT NAME:</b> Michael Silverman <b>PHONE (A/C, No, Ext):</b> (212) 248-4772 <b>FAX (A/C, No):</b> (212) 480-4985 <b>E-MAIL:</b> msilverman@gloronagency.com <b>ADDRESS:</b>	
<b>INSURED</b>  Two Thousand Fifteen Artisanal, LLC 387 Park Avenue South New York, NY 10016		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 39357

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-2J19409A-17-42	02/17/2017	02/17/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

387 Park South LLC  
 c/o TF Cornerstone, Inc.  
 387 Park Avenue South  
 7th Floor  
 New York, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DATE (MM/DD/YYYY)  
06/12/2017

## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	<b>CONTACT NAME:</b> Elias B. Cohen & Associates <b>PHONE (A/C, No, Ext):</b> 973-403-9500 <b>FAX (A/C, No):</b> 973-403-7755 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: AmTrust Ins. Co. of Kansas</td> <td>15954</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AmTrust Ins. Co. of Kansas	15954	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: AmTrust Ins. Co. of Kansas	15954														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	KWC1096701	06/12/2017	06/12/2018	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Elias B. Cohen & Associates



# EXHIBIT G



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID: <b>ARTIS-8</b>	
<b>INSURED</b> Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>United States Liability Ins.</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 25895	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	X	PROPERTY	BINDER	06/12/2017	09/12/2017		BUILDING	\$	
	CAUSES OF LOSS					X	PERSONAL PROPERTY	\$ 125,000	
		BASIC				BUILDING	X	BUSINESS INCOME	\$ 150,000
		BROAD						EXTRA EXPENSE	\$
	X	SPECIAL				Contents		RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND					BLANKET PERS PROP	\$	
		FLOOD					BLANKET BLDG & PP	\$	
	X	EXCL. THEFT						\$	
								\$	
		INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS		POLICY NUMBER					\$	
		NAMED PERILS						\$	
								\$	
		CRIME						\$	
	TYPE OF POLICY							\$	
								\$	
								\$	
A	X	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BINDER	06/12/2017	09/12/2017	X	Equipment Breakdown	\$ Included	
								\$	
								\$	
								\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Elias B. Cohen &amp; Associates

© 1995-2009 ACORD CORPORATION. All rights reserved.

# EXHIBIT H

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

ARTISANAL 2015, LLC,

*Plaintiff,*

-against-

387 PARK SOUTH, L.L.C.,

*Defendant.*

Index No.

**INSURANCE  
BROKER'S AFFIDAVIT  
IN SUPPORT OF  
ORDER TO SHOW  
CAUSE**

STATE OF NEW YORK  
COUNTY OF NEW YORK } ss.:

NEIL A. OWENS, CIC, Esq., being duly sworn, deposes and says:

1. I am the Senior Vice President of E. B. Cohen Insurance & Risk Management, a firm that has been providing risk management and servicing the insurance needs for the New York City hospitality industry since the early 1990s.
2. I am New York licensed insurance broker with over 18 years of experience in assessing risk and procuring proper coverage on behalf of my clients, many of whom operate restaurants in Manhattan. I am also a Certified Insurance counselor.
3. I was retained by Plaintiff in order to service its insurance needs in connection with the parties' underlying lease, and thus make this Affidavit based upon my personal knowledge.
4. With regard to the Workers' Compensation/Employers' Liability coverage, Plaintiff procured such coverage at the levels required by the Lease, effective, June 12, 2017, and going forward. In my humble opinion, since there has been no access to the Premises and no workers of any kind whatsoever because the Defendant is apparently

refusing access, little, if any, risk of loss exists. Even assuming that any contractors were presently building out the space, which they are not I am told, those contractors are required to maintain and furnish their own Workers' Compensation/Employers' Liability coverage as a precondition to going on site. Notwithstanding that this insurance is superfluous at this time in my opinion, in order to protect against the potential for an uninsured subcontractor for some future later date, coverage has been obtained effective June 12, 2017.


5. With regard to the property coverage, such policy was placed effective June 12, 2017. According to the Plaintiff, no improvements have been made to the Premises. More importantly, there is no known damage that would trigger coverage under any property insurance policy; thus, the landlord can be certain that there are no unknown claims. Since there are no unknown claims here, there is absolutely no risk that the Landlord has to contend with any unknown claims from the past.
6. I would like to further point out that it is highly unusual to get business income insurance before any business commences, such as here, during a renovation. During some renovations, loss of use or delay of opening coverage is sometimes available under a Builder's Risk policy.
7. It would seem reasonable to me for a landlord to request a Builder's Risk policy before any renovations actually begin. The coverage, in theory, would insure the continuing expenses and lost projected net income, due to a direct loss that delayed the renovation or required that it start again for whatever reason. Additionally, Builder's Risk also intends to insure physical assets (property), as such property is being installed to address the changing values of property over a period of time.


Again, since there do not appear to have been any direct damage losses, the landlord can be certain that there are no unknown claims for the period of time prior to June 12, 2017.

8. Attached hereto as Exhibit 1 is the Builder's Risk quote, which the Plaintiff could procure if necessary. The intent of this policy is to insure property as it is being installed, but should obviously not be obtained before the renovations begin.

Sworn to before me

June 14, 2017

  
\_\_\_\_\_  
NOTARY PUBLIC  
**SEAN C RYAN**  
Notary Public of New Jersey  
My Commission Expires Aug 3, 2017

  
\_\_\_\_\_  
NEIL A. OWENS, CIC, ESQ.

# EXHIBIT I



# CERTIFICATE OF LIABILITY INSURANCE

AERIA-2

OP ID: SU

DATE (MM/DD/YYYY)

08/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
QUEENS MEDALLION BROKERAGE  
21-03 44TH AVENUE  
LONG ISLAND CITY, NY 11101

CONTACT NAME: Stella Skoupas

PHONE (A/C, No, Ext): 718-784-9292

FAX (A/C, No): 718-707-3625

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: COLONY INSURANCE CO.

39993

INSURER B: MT. HAWLEY INSURANCE CO.

37974

INSURER C: NATIONAL SPECIALTY INSURANCE

22608

INSURER D:

INSURER E:

INSURER F:

INSURED  
AERIAL DESIGN BUILD SERVICES  
INC.  
122 EAST 57TH STREET, ROOM 4R  
NEW YORK, NY 10022

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD YWVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	103 GL 0010669-01	08/06/2016	08/06/2017	EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> waiver of subroga					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input checked="" type="checkbox"/> contractual liab					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
B	AUTOMOBILE LIABILITY		CNY 0007456-015-1	08/06/2016	08/06/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	MXL-0423618	08/06/2016	08/06/2017	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: OWNER, 387 PARK SOUTH LLC, TF CORNERSTONE INC AND THEIR RESPECTIVE MANAGERS, MEMBERS, GUARANTOR (IF ANY), DIRECTORS, OFFICERS, AND EMPLOYEES AND ML RESTAURANTS LLC.

## CERTIFICATE HOLDER

## CANCELLATION

387 PARK AVENUE SOUTH LLC  
387 PARK AVENUE SOUTH  
NEW YORK, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.





## New York State Insurance Fund

*Workers' Compensation & Disability Benefits Specialists Since 1914*

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone: (212) 587-2149

### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 454139465  
BUILTECH ASSOCIATES INC  
DBA AERIAL DESIGN & BUILD  
122 E 57TH ST  
NEW YORK NY 10022



Scan to Validate

<b>POLICYHOLDER</b> AERIAL DESIGN BUILD SERVICES INC 122 E 57TH ST NEW YORK NY 10022		<b>CERTIFICATE HOLDER</b> 387 PARK SOUTH LLC 2 PARK AVENUE NEW YORK NY 10016	
<b>POLICY NUMBER</b> L2365 131-8	<b>CERTIFICATE NUMBER</b> 546265	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 07/20/2016 TO 07/20/2017	<b>DATE</b> 7/18/2016

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2365 131-8 UNTIL 07/20/2017, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 07/20/2017 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 806030128

# EXHIBIT J

# ADAM LEITMAN BAILEY, P.C.

NEW YORK REAL ESTATE ATTORNEYS

ADAM LEITMAN BAILEY<sup>1</sup>  
COLIN E. KAUFMAN  
DOV TREIMAN  
MASSIMO F. D'ANGELO<sup>1</sup>  
JACQUES ERDOS<sup>1</sup>  
CAROLYN Z. RUALO<sup>1</sup>  
DAVID SMITH  
SCOTT J. PASHMAN<sup>1</sup>  
JAMIE SCHARE FRIEDLAND<sup>1</sup>  
VLADIMIR MIRONENKO  
ANDREW C. JORGES<sup>1</sup>  
DANNY RAMRATTAN

<sup>1</sup> ALSO ADMITTED IN NEW JERSEY  
<sup>2</sup> ALSO ADMITTED IN CONNECTICUT

JOHN M. DESIDERIO  
JEFFERY R. METZ  
JACKIE HALPERN WEINSTEIN<sup>1</sup>  
ROSEMARY LIUZZO MOHAMED<sup>1</sup>  
CHRISTOPHER HALLIGAN  
WILLIAM J. GELLER  
ADAM M. SWANSON<sup>2</sup>  
COURTNEY J. LERIAS<sup>1</sup>  
JOANNA C. PECK  
RACHEL SIGMUND<sup>1</sup>  
JESSIE D. BONAROS  
OF COUNSEL  
LEONARD H. RITZ

June 29, 2017

**VIA UPS OVERNIGHT MAIL  
& E-MAIL ([gbh261@gmail.com](mailto:gbh261@gmail.com))**

Gadi Ben Hamo  
Palisades Dealer Funding LLC  
7222 Queens Blvd.,  
Flushing, NY 11377

Re: Artisanal 2015, LLC

This office represents Artisanal 2015, LLC ("Artisanal"). I am writing to advise you that based upon our office's examination of Artisanal's proofs of payment and conversations this office has had with counsel for Artisanal's landlord, 387 Park South, L.L.C., we believe in good faith that Artisanal's rent is currently paid up to date.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Massimo F. D'Angelo

MFD/di  
cc: Client

ATTORNEYS AND COUNSELORS AT LAW

---

ONE BATTERY PARK PLAZA, EIGHTEENTH FLOOR, NEW YORK, NY 10004  
T: (212) 825-0365 | E: [INFO@ALBLAWFIRM.COM](mailto:INFO@ALBLAWFIRM.COM) | [WWW.ALBLAWFIRM.COM](http://WWW.ALBLAWFIRM.COM)

# EXHIBIT K

**STEPHANIE SCHULMAN, ESQ.**  
240 PARK AVE. SOUTH, #2D  
NEW YORK, NEW YORK 10003

July 20, 2017

Mr. Gadi Ben Hamon  
Palisades Dealer Funding LLC  
7222 Queens Blvd.  
Woodside, NY 11377

**Re: Refundable Good Faith Deposit for Proposed Equipment Financing Facility–  
Demand for Immediate Return**

Dear Mr. Ben Hamon:

I write to you as a courtesy ahead of further action as both applicant and as attorney on my behalf with respect to the contemplated equipment financing for Artisanal 2015, LLC.

Please be advised pursuant to our agreement, you are hereby instructed to immediately remit to me the refundable good faith deposit of \$80,000 posted by me, which as agreed would be immediately returned to me should the contemplated financing loan not close. As a reminder, the fact that these funds would be returned to me should the loan not fund was agreed at the outset of the loan discussions and further confirmed by you pursuant to our phone conversation the first week of July.

As a further reminder, these are personal funds deposited by me, not by company check, and do not belong to any other party you may make claim.

The contemplated loan transaction will not be move forward and the loan will not be funded and accordingly the refundable good faith deposit of \$80,000 is immediately due and payable to me. As there have been assertions made on your behalf that you do not intend to return my deposit, be advised, there is no ambiguity in the return of my monies. Any attempt to withhold my funds and misappropriate is illegal and in violation of banking guidelines to which you are bound. Demand is hereby made for the return in full of the \$80,000, plus interest, by tomorrow 2:00pm, by wire transfer to my account pursuant to instructions on Schedule A attached.

Any failure or delay in remitting the funds to me will be met with severe consequences, including legal action and notification to banking regulators of your actions. As a member of the finance community, I am aware, as I am sure you know, that misappropriation and theft of client funds is a serious banking offense and will not be taken lightly. All rights to pursue action at equity and at law are reserved, holding you liable for any damages, including consequential and punitive, as well as alerting appropriate authorities and regulators for any continued failure by you to comply.

I trust you will act in accordance with our agreement and by banking guidelines.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephanie Schulman', with a long horizontal flourish extending to the right.

Stephanie Schulman

SCHEDULE A

Wire Instructions

Bank of America  
100 West 33<sup>rd</sup> Street  
NY, NY 10001  
ABA No. **026009593**  
Credit to: Merrill Lynch  
Acct #: **6550113516**  
Further credit to: **Stephanie Schulman**  
Account #: 857-61Y52

# EXHIBIT L



SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

-----X  
STEPHANIE F. SCHULMAN

*Plaintiff,*

-against-

PALISADES DEALER FUNDING LLC,  
GADI BEN HAMO, and  
VICTORIA S. VANDAGRIFF

*Defendants.*  
-----X

Index No.:

**SUMMONS**

Basis of Venue:

Defendant's Place of Business

Defendant's Place of Business:

72-12 Queens Boulevard  
Woodside, New York 11377

**TO THE ABOVE NAMED DEFENDANT:**

**YOU ARE HEREBY SUMMONED** to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's attorney within twenty (20) days after the service of this summons, exclusive of the day of service [or within thirty (30) days after the service is completed if this summons is not personally delivered to you within the State of New York]; and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

**DATED:** White Plains New York  
August 14, 2017

  
**SALVATORE J. LIGA, ESQ.**  
SALVATORE LIGA & COMPANY, PLLC.  
777 Westchester Avenue, Suite 101  
White Plains, New York 10604  
(877) 725-5442  
(917) 591-8818 FAX  
sliga@ligalaw.com  
*Attorney(s) for Plaintiff*

**YOU MUST RESPOND BY SERVING A COPY OF THE ANSWER ON THE ATTORNEY FOR THE PLAINTIFF AND FILING THE ANSWER WITH THE COURT**

**SALVATORE J. LIGA, ESQ., and the law Firm of SALVATORE LIGA & COMPANY P.L.L.C. are debt collectors who are attempting to collect a debt. Any information obtained will be used for that purpose and no improper purpose.**

TO: PALISADES DEALER FUNDING LLC  
72-12 Queens Boulevard  
Woodside, New York 11377

GADI BEN HAMO  
330 East 75<sup>th</sup> Street, Apt. 35B  
New York, New York 10021

VICTORIA S. VANDAGRIFF  
330 East 75th Street, Apt. 35B  
New York, New York 10021

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

-----X  
**STEPHANIE F. SCHULMAN**

*Plaintiff,*

**-against-**

**PALISADES DEALER FUNDING LLC,  
GADI BEN HAMO, and  
VICTORIA S. VANDAGRIFF**

*Defendants.*  
-----X

Index No.:

**VERIFIED COMPLAINT**

Basis of Venue:

Defendant's Place of Business

Defendant's Place of Business:

72-12 Queens Boulevard

Woodside, New York 11377

**TO: THE SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

On the basis of information and belief, the Plaintiff, STEPHANIE F. SCHULMAN by her attorney, SALVATORE J. LIGA ESQ., hereby alleges the following:

**PARTIES**

1. The Plaintiff is an individual who resides in New York County, within the City of New York.
2. The Defendant PALISADES DEALER FUNDING LLC is a foreign limited liability company authorized to do business in New York whose principal place of business is located at 72-12 Queens Boulevard, Woodside, New York 11377.
3. Defendants, GADI BEN HAMO and VICTORIA S. VANDAGRIFF, are husband and wife and are believed to be the beneficial owners of PALISADES DEALER FUNDING LLC. The couple is further believed to live in New York City, within the County of New York.

### VENUE

4. Venue is based upon the Defendant's residence pursuant to NY CPLR §503(c). The Defendant is a foreign limited liability company whose principle place of business within the State of New York is at 72-12 Queens Boulevard, Woodside, New York 11377, within Queens County, New York..

### FACTS

5. The Plaintiff is an entrepreneur building a restaurant in New York City.
6. The Plaintiff was seeking lines of credit and other forms of financing to facilitate her business venture.
7. The Defendant GADI BEN HAMO presented himself as the owner and sole decision maker for PALISADES DEALER FUNDING LLC.
8. After performing due diligence, the Defendants offered the Plaintiff a revolving credit line in the amount \$1,000,000 (ONE MILLION DOLLARS). As part of the due diligence, the Defendant ran the Plaintiff's credit.
9. Upon approving the credit line, the Defendants demanded the Plaintiff pay "EIGHT POINTS FOR ORGINATING THE CREDIT LINE."
10. Relying upon the representations of the Defendants, the Plaintiff proceeded to borrow monies from a colleague and tendered a cashier check to the Defendants for \$80,000.00.

### **(EXHIBIT A)**

11. The Defendants never gave the Plaintiff the credit line.
12. The Defendants never refunded the Plaintiff the \$80,000 it charged to originate the loan.
13. The Defendants laughed at the Plaintiff when she sought a refund of the monies paid.

14. The Plaintiff has subsequently suffered irreparable harm.

**AS AND FOR A FIRST CAUSE OF ACTION**

15. Plaintiff repeats and realleges each and every allegation set forth in paragraphs "1" through "14" hereof as if more fully set forth herein.
16. Despite paying the Defendants the agreed upon fee of \$80,000 fee to originate the credit line, Defendants failed to provide the Plaintiff with a credit line, loan or credit facility of any kind.
17. As a result of the foregoing, the Plaintiff is entitled to judgment against the Defendants for breach of contract in the amount of \$80,000.00, and all other costs and expenses to be imposed by the Court.

**AS AND FOR A SECOND CAUSE OF ACTION**

18. Plaintiff repeats, reiterates and realleges each and every allegation contained in paragraphs "1" through "17" hereof as if more fully set forth herein.
19. As a result of the monies given to the Defendant remain unpaid, the Defendants were unjustly enriched.
20. The Defendants received the benefit of the use of said funds, all to the detriment of the Plaintiff.
21. No consideration of any kind was given to Plaintiff in exchange for \$80,000 paid to the Defendants.
22. The Plaintiff is entitled to a judgment against the Defendants for unjust enrichment in the amount of \$80,000.00.
-

**AS AND FOR A THIRD CAUSE OF ACTION**

23. Plaintiff repeats, reiterates and re-alleges each and every allegation contained in paragraphs "1" through "20" hereof as if more fully set forth herein.
  24. Plaintiff contends that the Defendants fraudulently induced her into paying the \$80,000.
  25. Plaintiff alleges that the Defendants intentionally lied to her and either had no real intention or the needed resources to actually provide her with the million dollar credit line she was promised
  26. The Defendants have refused to refund the "origination fee" despite the fact that no loan or credit line was actually "originated."
  27. Plaintiff is entitled to judgment against the Defendants for fraudulent inducement in the amount of \$80,000.
-

**WHEREFORE**, Plaintiff demands

- a) Judgment against the Defendants for \$80,000.00;
- b) Costs and disbursements of this action;
- c) Such other and further relief as to the Court may deem just and proper.

**DATED:** White Plains, New York  
August 14, 2017



**SALVATORE J. LIGA, ESQ.**  
SALVATORE LIGA & COMPANY, PLLC.  
777 Westchester Avenue, Suite 101  
White Plains, New York 10604  
(877) 725-5442  
(917) 591-8818 FAX  
sliga@ligalaw.com  
*Attorney(s) for Plaintiff*


ATTORNEY VERIFICATION

STATE OF NEW YORK                   )  
COUNTY OF WESTCHESTER        )       .:ss

SALVATORE J. LIGA, an attorney duly admitted to practice before the courts of the State of New York, affirms the following under penalties of perjury:

1. I am the principal of SALVATORE LIGA & COMPANY, PLLC, attorneys for the Plaintiff in the within action.
2. I have read the foregoing SUMMONS And VERIFIED COMPLAINT and know the contents thereof.
3. The same is true to my own knowledge, except as to matters stated therein to be alleged on information and belief, and as to those matters, I believe them to be true.
4. The grounds of my belief as to all matters stated upon my knowledge are based my review of documentation and extensive discussions with STEPHANIE F. SCHULMAN and her business partner SAIRD DRORY.
5. That I make this verification in place and instead of the Plaintiff in that she resides in a county different from my office.

DATE:           August 14, 2017  
                  White Plains, New York

  
\_\_\_\_\_  
SALVATORE LIGA & COMPANY, PLLC  
BY: SALVATORE J. LIGA, ESQ.



**EXHIBIT A**

---

FORM 127625-1012

06000235

CASHIER'S CHECK

**PNC BANK**  
PNC Bank, National Association  
New York

No. 00063935

55-760/3

DATE JUNE 22, 2017

PAY TO THE ORDER OF PALISADES DEALER FUNDING LLC

EIGHTY THOUSAND AND 00 / 100\*\*\*\*\* \$ 80,000.00

STUART L MERZER

DOLLARS

Security is  
included on  
Details on



REMITTER

PNC Bank, National Association

*[Signature]*

OFFICIAL SIGNATURE

⑈00063935⑈ ⑆031207607⑆

8036601269⑈

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

-----X

Index No.:

STEPHANIE F. SCHULMAN

*Plaintiff,*

**-against-**

PALISADES DEALER FUNDING LLC,  
GADI BEN HAMO, and  
VICTORIA S. VANDAGRIFF

*Defendants.*

-----X

**SUMMONS & VERIFIED COMPLAINT**

*Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of the New York, certifies that upon information and belief and reasonable inquiry, the contentions contained herein are not frivolous.*

DATE: August 14, 2017

  
SALVATORE J. LIGA, ESQ.

SALVATORE J. LIGA, ESQ.  
**SALVATORE LIGA & COMPANY, PLLC**  
777 Westchester Avenue, Suite 101  
White Plains, New York 10604  
(877) 725-5442  
(917) 591-8818 Fax  
sliga@ligalaw.com  
*Attorney For Plaintiff*